## **Sliding Scale Insulin Audit Tool**

Name of Facility:	 
Resident's Name:	_
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<b>Sliding Scale Parameters:</b>	

## MONTH/YEAR:

Date Admin.     FSBS Admin. Admin.     Should have received received     FSBS Admin. Preceived received     Luits Admin. Preceived received     Should Admin. Preceived received     FSBS Admin. Preceived received     Luits Admin. Preceived received     Luits Admin. Preceived     Should have received     Admin. Preceived     Should have received     Admin. Preceived     Should have received     Admin. Preceived     Admin. Preceived     Should have received     Admin. Preceived     Admin. Precei		TH/YE											
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